

**LIVE FIRE INSTRUCTION AND TRAINING ACTIVITIES
NOTIFICATION**

**Form
ARD-1003**

State of New Hampshire
Department of Environmental Services
Air Resources Division
29 Hazen Drive
P.O. Box 95
Concord, NH 03302-0095
Telephone: (603) 271-1370
Fax: (603) 271-7053



I. Sponsoring Fire Service Organization Information:

- A. Name: _____
Address: _____

Telephone Number: _____
- B. Contact Person:
Name: _____
Title: _____
Telephone Number: _____

II. Live Fire Instruction and Training Activities Information:

- A. Date(s) of the Instruction and Training Activities: _____
- B. Location of the Instruction and Training Activities: _____

- C. Description of the Instruction and Training Activities: _____

- D. Instructor Information:
Name: _____
Telephone Number: _____
Type of Instructor: _____ State certified fire instructor _____ Specialty instructor

III. General Statements: Check the following box:

- ☐ The proposed instruction and training activities will be conducted in accordance with Env-A 1003.

IV. Statements if a Structure Will Be Burned: Check all boxes:

- ☐ A competent person has performed an asbestos inspection of the proposed building and the inspector has provided a report to the building owner certifying the building has been cleared of asbestos.
- ☐ An asbestos notification form has been completed and submitted to the department at least 10 days before the scheduled burn date.
- ☐ Any materials with the potential for creating an environmental hazard have been removed and properly disposed of, including but not limited to:
- Mercury containing thermostats
 - Fluorescent lamps
 - Fuel oil tanks
 - Paints, solvents, and other liquids containing hazardous ingredients
 - Pesticides, insecticides, fertilizers, and other potentially hazardous solids
 - Tires
 - Residential trash
 - Furniture and appliances not specifically utilized in the training exercise

V. Certification:

I am authorized to make this submission on behalf of the sponsoring fire service organization for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

Signature: _____

Printed/typed name: _____

Title: _____

Date: _____

VI. Submittal: Please fax, mail, or hand-deliver this form to the fax number and/or address listed above.